PTO/SB/01 (10-01)

Under the Paperwork Reduction Act of 1995, no persons are requ		nark Office; U.S. DEPARTMENT OF COMMERC ion unless it contains a valid OMB control numb
DECLARATION FOR UTILITY OR	Attorney D cket Number	37213.01000

DECLARATION FOR UTILITY OR DESIGN			Attorney D cket Nun	nber	37213.01000	-
			First Named Inventor	-	Martin Mallinson	
PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN				
		Application Number	TBA	TBA		
☑Declaration Submitted With Initial Filing	Declaration OR Submitted after Initial Filing (surcharge (37 CFR 1,16 (e))	Filing Date	Hen	ewith (July 17, 2003)		
		Group Art Unit	TBA	ТВА		
	required)		Examiner Name	TBA	\	

As a below named inve	entor, I hereby declare th	at:			
My residence, post offic	e address, and citizenship	are as stated below next t	o my name.		
believe I am the original and	first inventor of the subject matter	r which is claimed and for which	a patent is sought	on the invention e	ntitled:
DEVICE AND ME	THOD FOR SIGNAL	PROCESSING			
the specification of which	(Title of th	ne Invention)			
is attached hereto					
OR					
was filed on (MM/DD	mm)	as United States Ap	plication Number o	r PCT Internation	al
Application Number	and	was amended on (MM/DD/Y	m)		(if applicable).
I hereby state that I have revie specifically referred to above.	wed and understand the conte	ints of the above identified spi	ecification, includin	g the claims as a	mended
I acknowledge the duty to disc applications, material informat international filing date of the o	ion which became available be	tween the filing date of the pr			
	benefits under 35 U.S.C. 119(a or 365(a) of any PCT internat w and have also identified belo or of any PCT international ap	ional application which desig w, by checking the box any fo	nated at least one preign application(s	country other th) for patent, inve	an the United ntor's or plant
Prior Foreign Application		Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Cop	•
Number(s)	Country	(MM/DD/TTTT) Country	Not Claimed	YES	NO
Additional foreign applicat	ion numbers are listed on a su	pplemental priority data sheet	PTO/SB/02B attac	ched hereto:	

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, Washington, DC 2031. ONOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Princeso (1940)
Approved for use shrough 1961/2000, ONE 9051-9052
U.S. Petrol for Trajectoris Citize; U.S. DEPARTMENT OF COMMERCE
U.S. Petrol for Trajectoris Citize; U.S. DEPARTMENT OF COMMERCE
Under the Perpendick Reduction Act of 1995, no portions are required to record to a collection of elementation unless it contains a valid CMS contain surrier.

U//18/2003 14.00 FAX 2000000000

DECLARATION — Utility or Design Patent Application Correspondence address beld Direct all correspondence to: Customer Number or Bar Code Label OR 27171 Christopher J. Gaspar, c/o Milbank, Tweed, Hadley & McCloy, LLP Name One Chase Manhattan Plaza Address 10005 NY New York State City 212-822-5019 212-530-5019 USA Fax Telephone I hereby declare that all estuments made herein of my own introducing one true and text all statements made on information and better an believed to be true; and further that those statements were made with the increvidage that within false statements and the like to made are pursibilitied by time or impresentant, or both, under the U.S.C. 1001 and that such waited false statements may joopardize the veilidity of the exploration are upported more are pointed inside affecting. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Family Name Mallinson Martin or Surname (first and middle [if any]) Date 17 JULY 03 Inventor's Signature Canadian Canada B.C. Kelowna Citizenship Country State Residence: City 1306 Huckleberry Road Mailing Address Canada V1P1MS B.C. Kelowna Country Zip A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Family Name Given Name or Surname (first and middle [if anyi) Date Inventor's Signature Citizenship Country Residence: City Mailing Address Country ZID supplemental Additional Inventor(s) sheet(s) PTO/SBA2A attached hereto Additional inventors are being named on the

U7/18/4003 14.00 FAA 40000000000

PTO/SB/81 (06-03)
Approved for use through 11/S0/2005, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Peperwork Reduction Act of 1995, no persons are requi

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

ed to respond to a collection of infor	mation unless it displays a valid OMB control number.
Application Number	TBA
Filling Date	Herewith (07/17/2003)
First Named Inventor	Martin Mallinson
Title	Device and Method for
Art Unit	TBA TOCOSSING
Examiner Name	TBA
Attorney Docket Number	37213,01000

Lharah	y appoint:				_					
1,1161,61	у аррони.	Г				_				
X	Practitioners at Customer Nu	mber:	27171							
0	R	L								
	Practitioner(s) named below:									
lf		Name		I		Registratio	n Numbe	37		7
1										-{
										4
L										J.
L										4
Ļ										ال
Es my/o	our attorney(s) or agent(s) to park Office connected therewise	prosecuti ith	the application identified	above, and t	trent	sect all busines	s in the	United St	ales Patent o	ind
Please	recognize or change the com	esponde		-identified ap	oliceti	on to:				
•)R									
$\overline{}$										
\Box	The address associated wi	ith Custo	mer Number:			1				
u,	The address associated wi	ith Custon	mer Number:							
<u> </u>	R Firm or	ith Custor	mer Number:							
	Firm or Individual Name	ith Custo	mer Number:							
	Firm or Individual Name	ith Custor	mer Number:							
	Firm or Individual Name address	ith Gustor	mer Number:	T Stee						
	Firm or Individual Name oddress Iddress	ith Guston	ner Number:	Start	•]		Ziç			
	Firm or Individual Name Indivi	ith Custor	ner Number:		• [Ziç			
	Firm or Individual Name uddress iddress illy country eleptione	ith Custor	ner Number:	Sterl	•1		Ziŗ			
	Firm or Individual Name Indivi	ith Custon	mer Number:		• 1		Zip			
A C C	Firm or individual Name address addres				•1		Ziŗ			
A C C	Firm or Individual Name Indivi	ntire inter	est, See 37 CFR 3.71.	Fax	• I		Zir			
A C C	Firm or Individual Name address addres	ntire inter	est, See 37 CFR 3.71. anclosed (Form PTO/SB/ SIGNATURE of Applicar	Fax	I	ecord	Ziç			
A C C	IR Firm or Individual Name didness didness iii) country elaphone e: Applicant/Arventor. Assignee of record of the er	ntire inter	est, See 37 CFR 3.71. anclosed (Form PTO/SB/ SIGNATURE of Applicar	Fax	I	ecord	Zip			
A C C T I am th	Firm or Individual Name oddress ddress ddress illy country elephone elephone of record of the er Statement under 37 CFR 3.	ntire inter 73(b) is e	est, See 37 CFR 3.71. anclosed (Form PTO/SB/ SIGNATURE of Applicar	Fax	I	ecord				
A A A A A A A A A A A A A A A A A A A	Firm or Individual Name oddress ddress ddress illy country elephone elephone of record of the er Statement under 37 CFR 3.	ntire inter 73(b) is e	est, See 37 CFR 3.71. anclosed (Form PTO/SB/ SIGNATURE of Applicar	Fax	I	ecord			9-925	7
A A A C C C C T T 1 am th X X Name Signatu Date Note: 8	Firm or Individual Name oddress ddress ddress in the second of the secon	ntire inter 73(b) is a	usst, See 37 CFR 3.71. andicised. (Form PTO/SB/ SIGNATURE of Applicar n 2.070(3) If means of the entire interest	Fax	e of R	Telephone	250	>- 86	q - 92 <i>5</i>	?
Name Signatu Date Note: S forms if n	Firm or Individual Name oddress ddress ddress individual Name oddress individual Name of Name	ntire inter 73(b) is a	est, See 37 CFR 3.71. anciosed (Form PTO/SB/ SIGNATURE of Applicar n 2003 If means of the entire interest	Fax	e of R	Telephone	250	>- 86	૧-૭૨૮	7

This exclusion of information is required by 37 CFR, 371 and 1.33. The information is required to obtain or relate between the year perfect which is to the fact by the process of the pro